# IAP20 Residentiano 13 JAN 2006

## **Application Data Sheet**

#### **Application Information**

Application number::

TBA

Filing Date::

13 JANUARY 2006

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

NO

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

ULTRAFILTRATION FOR PREPARING

**OUTER MEMBRANE VESICLES** 

Attorney Docket Number::

002441.00186

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

2

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT

Status:: Full Capacity

Given Name:: Roberto

Middle Name::

Family Name:: OLIVIERI

City of Residence:: Siena

State or Province of Residence::

Country of Residence:: IT

Street of mailing address:: c/o Chiron Srl, Via Florentina 1

City of mailing address:: Siena

State or Province of mailing address::

Country of mailing address:: IT

Postal or Zip Code of mailing I-53100

address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: IT

Status:: Full Capacity

Given Name:: Fabio

Middle Name::

Family Name:: SABBATINI

City of Residence:: Siena

State or Province of Residence::

Country of Residence:: IT

Street of mailing address:: c/o Chiron Srl, Via Florentina 1

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address::

2

Initial 01/13/06

Applicant Authority Type::

Inventor

Primary Citizenship Country::

IT

Status::

**Full Capacity** 

Given Name::

Ilio

Middle Name::

Family Name::

**MARSILI** 

City of Residence::

Siena

State or Province of Residence::

Country of Residence::

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City of mailing address::

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Country of mailing address::

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Postal or Zip Code of mailing

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address::

## **Correspondence Information**

Correspondence Customer Number:: 27476

## **Representative Information**

Representative Customer Number::

27476

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/IB2004/002475	15 July 2004

# **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Great Britain	0316560.2	15 July 2003	Yes

#### **Assignee Information**

Assignee name:: (No.1)

**CHIRON SRL** 

Street of mailing address::

Via Florentina 1

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Country of mailing address::

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